

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4323

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) Life			
d. FULL NAME OF HOSPITAL OR INSTITUTION 724 Michigan St.		d. STREET ADDRESS (If rural, give location) 724 Michigan St.	
3. NAME OF DECEASED (Type or Print) Susie Elizabeth Rollings		4. DATE OF DEATH Feb 5, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 20 1870
9. AGE (In years last birthday) 69 1/2		10. IF UNDER 1 YEAR: Months 9 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own	
11. BIRTHPLACE (State or foreign country) California, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Justin Long		13b. MOTHER'S MAIDEN NAME Sarah Landrum	
14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ann Busch		ADDRESS Jefferson City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho - Pneumonia INTERVAL BETWEEN ONSET AND DEATH Jan 27 to Feb 5, 1950 ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 27, 1950 , to Feb 5, 1950 , that I last saw the deceased alive on Jan 5, 1950 , and that death occurred at Jefferson City, Mo. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) John W. McFarley MD		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 2/7/50			
24a. BIRTHPLACE (State or foreign country) California, Mo.		24b. CITIZEN OF WHAT COUNTRY? USA	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch		ADDRESS Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. Feb 7-1950		REGISTRAR'S SIGNATURE R.P. Davis MD - NR	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1950

RECEIVED
FEB 12 1950
District Health Officer No. 9,
District No. 1000000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 545

working under my personal supervision.

Student

Bill Branson
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.